

ARKANSAS INSURANCE DEPARTMENT FUNERAL SERVICES DIVISION | BURIAL ASSOCATIONS

AGENT'S APPLICATION - Attach a color copy of Driver's License

FEE DUE: \$10.00			[For Office Use Only]		
Have you ever been charged or convicted of a If "YES," please attach an explanation to this appl Are there any judgements now pending agains If "YES," please attach an explanation to this appl	ication form. st you? □ YES □ N		Date Issued:		
I hereby make application to the Arka Directors, Cemeteries, and Burial Serinformation.					
Full Name:					
Address:P.O. Box/Street	City	State		Zip	County
Gender: ☐ Male ☐ Female Cell P	hone: ()		_ Work Phone	: ()	
E-Mail Address:					
Occupation for the past (5) years					
Name the states where you have held	license to sell bu	rial certifica	ates:		
Have you ever been denied the right to	o sell burial certif	icates?	If yes, nam [attach explanat		e
I will be employed by:					
Mailing Address:		Name of Burial As	sociation		
P.O. Box/Street	City	/	State		Zip
Give names and address of three (3) of	haracter reference	es:			
Name	Phone No.	Addre	ess		
Name	Phone No.	Addre	ess		
Name	Phone No.	Addre	ess		
I hereby certify that I have full authority a for said burial association.	as an agent for the	above refe	renced associati	on to sell b	urial certificates
NOTARY PUBLIC:	plicant Signature		[Nota	Appli ry Stamp or	cation Date
State of County of			[140ta	., Clamp of	ومسا
Subscribed and sworn to before me this	day of		, 20		
	Notary Public Sig	•		Commission E	xpiration Date
Mail Completed Application To:	Arkansas Departme	nt of Commer	ce		

Arkansas Insurance Department | Funeral Services Division 1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087 Phone (501) 682-0571 | Fax (501) 682-0575

E-Mail: AID.BA@arkansas.gov